Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN9404	A. BUILDING _____ B. WING _____	10/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, SPARTA	34 GRACEY ST SPARTA, TN 38583

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 705	1200-8-6-.06(4)(cc) Basic Services (4) Nursing Services. (cc) A registered nurse may make the actual determination and pronouncement of death under the following circumstances: 1. The deceased was a resident of a nursing home; 2. The death was anticipated, and the attending physician or nursing home medical director has agreed in writing to sign the death certificate. Such agreement by the attending physician or nursing home medical director must be present with the deceased at the place of death; 3. The nurse is licensed by the state; and, 4. The nurse is employed by the nursing home in which the deceased resided. This Rule is not met as evidenced by: Based on medical record review and interview the facility failed to ensure a Registered Nurse made the actual determination and pronouncement of death of one resident (#22) of twenty-three residents reviewed. The findings included: Resident #22 was admitted to facility on April 29, 2009, with diagnoses of Diabetes, Hypertension and History of Cerebral Vascular Accident. Medical record review of an Assessment of Presumably Dead Patient form dated March 10, 2011, at 5:26 a.m., revealed a Licensed Practical	N 705	N 705 Basic Services Effective 10-12-11 our policy was changed to state that a registered nurse licensed by the state and employed by the nursing home may pronounce death of a resident of the nursing home and notify the physician. On 10-21-11 all licensed staff was in serviced on the above policy change. Director of Nursing or her designee will monitor pronouncement of death weekly x 8. Findings of the quality assurance monitor will be reported by the Director of Nursing to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.	10-21-11

Division of Health Care Facilities

Administrator — TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — (X6) DATE 10-24-11

OCT 25 2011

Division of Health Care Facilities

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N 705	Continued From page 1 Nurse documented signs of clinical death. Medical record review of a nursing note written by a Licensed Practical Nurse, dated March 10, 2011, at 5:20 a.m., revealed "called to room per family member, Patient noted to be absent of blood pressure, pulse, et (and) respirations. No breath sounds noted. No pupillary light reflexes. No plantar reflexes. 5:26 a.m., death pronouncement via phone per Dr. ..." Interview with the Director of Nursing on October 12, 2011, at 10:45 a.m., in the conference room, confirmed the facility had failed to have a Registered Nurse make the actual determination and pronouncement of death resident #22 as required.	N 705		

OCT 25 2011